



# Notification of Hazardous Waste Site

United States  
Environmental Protection  
Agency  
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies

IL-11

810609

ILS-000-001-137

## A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name WASTE MANAGEMENT OF ILLINOIS, INC.

Street P.O. Box 563

City Palos Heights

State IL

Zip Code 60463

## B Site Location:

Enter the common name (if known) and actual location of the site.

SCA CHEMICAL SERVICES INC.

Name of Site HYON INCINERATOR \*

Street 122nd & Torrence

City Chicago

County Cook

State IL

Zip Code 60633

INTERIM STATUS FACILITY

# ILD000173954  
ILD920606412

## C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Diver, Jeffrey - Envir. Counsel

Phone 312/654-8800

## D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1973

To (Year) 1976 (NOW BEING REOPENED)

## E Waste Type: Choose the option you prefer to complete

**Option 1:** Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

### General Type of Waste:

Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

1. ☒ Organics
2. ☐ Inorganics
3. ☒ Solvents
4. ☒ Pesticides
5. ☐ Heavy metals
6. ☐ Acids
7. ☐ Bases
8. ☐ PCBs
9. ☐ Mixed Municipal Waste
10. ☐ Unknown
11. ☒ Other (Specify)

SEWAGE SLUDGE

### Source of Waste:

Place an X in the appropriate boxes.

1. ☐ Mining
2. ☐ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☒ Chemical, General
9. ☐ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☐ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/Hospital
17. ☐ Unknown
18. ☐ Other (Specify)

**Option 2:** This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

### Specific Type of Waste:

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.




\* now known as SCA CHEMICAL SERVICES, INC.

US EPA RECORDS CENTER REGION 5



462619

JUN 12 1981

CF



## Notification of Hazardous Waste Site

## Side Two

F

## Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

## Facility Type

1. ☐ Piles
2. ☒ Land Treatment
3. ☐ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☒ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☒ Other (Specify) INCINERATOR

## Total Facility Waste Amount

cubic feet UNKNOWN

gallons \_\_\_\_\_

## Total Facility Area

square feet \_\_\_\_\_

acres 5-10 A

G

## Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☒ None

Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

## H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

## I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

SITE IS NOW IN PROCESS OF BEING CLEANED UP AND INCINERATOR REBUILT BY SCA SERVICES, INC.

Environmental Counsel has prepared this form, based upon composite information provided in written and oral responses from employees of the reporting company,

much of which may have been founded in hearsay, rumor, speculation and imperfect recollection of past events. No admission or representation is therefore made that any of the wastes handled by this company, or generically reported on this form, would actually meet a listed description or characteristic of "hazardous waste" at 50 CFR, Part 261. Where a "facility waste amount" is indicated, it is, in most cases, a very crude estimation of "potentially hazardous waste," as in most cases, no records of waste types or quantities were available. If the reporting company is a "transporter," no representation is made that the company selected the reported site, nor that all of the waste types indicated were actually transported by the reporting company.

## J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name W. Brand Bobosky, Asst. SecretaryStreet 900 Jorie BoulevardCity Oak BrookState ILZip Code 60521Signature W. Brand BoboskyDate 6/9/81

- ☐ Owner, Present
- ☐ Owner, Past
- ☒ Transporter
- ☐ Operator, Present
- ☐ Operator, Past
- ☐ Other



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816609

#381

ILS-000-001-455

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name Alsip Latex Plant  
Street 12840 S. Crawford  
City Alsip State IL Zip Code 60858

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site Hyon Waste Management service  
Street 11700 Stony Island AV  
City Chicago County Cook State IL Zip Code 60617

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Morlock, K.G. Mgr. Latex Oper.  
Phone (312) 785-3745

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1974 To (Year) 1978

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:

Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

- ☒ Organics
- ☐ Inorganics
- ☐ Solvents
- ☐ Pesticides
- ☐ Heavy metals
- ☐ Acids
- ☐ Bases
- ☒ PCBs delete
- ☐ Mixed Municipal Waste
- ☐ Unknown
- ☐ Other (Specify)

Source of Waste:

Place an X in the appropriate boxes.

- ☐ Mining
- ☐ Construction
- ☐ Textiles
- ☐ Fertilizer
- ☐ Paper/Printing
- ☐ Leather Tanning
- ☐ Iron/Steel Foundry
- ☐ Chemical, General
- ☐ Plating/Polishing
- ☐ Military/Ammunition
- ☐ Electrical Conductors
- ☐ Transformers
- ☐ Utility Companies
- ☐ Sanitary/Refuse
- ☐ Photofinish
- ☐ Lab/Hospital
- ☐ Unknown
- ☐ Other (Specify)

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.


000930 JUN -981



**Notification of Hazardous Waste Site****Side Two****F Waste Quantity:**

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

**Facility Type**

1. ☐ Piles
2. ☐ Land Treatment
3. ☐ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) \_\_\_\_\_

**Total Facility Waste Amount**

~~cubic feet~~ 2 H

gallons \_\_\_\_\_

**Total Facility Area**

square feet \_\_\_\_\_

acres \_\_\_\_\_

**G Known, Suspected or Likely Releases to the Environment:**

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☐ None

**Note:** Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

**H Sketch Map of Site Location: (Optional)**

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

**I Description of Site: (Optional)**

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

**J Signature and Title:**

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

and Date present

- ☐ Owner, Present  
☐ Owner, Past  
☐ Transporter  
☐ Operator, Present  
☐ Operator, Past  
☐ Other



# EPA Notification of Hazardous Waste Site

SCA Chemical  
United States  
Environmental Protection  
Agency  
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.



81 06 09

IL# 484

ILS-000-001-490

## A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name Mobil Chemical Co., Mt. Pleasant, Corp PLT  
Street Arrow Mines Rd.  
City Mt. Pleasant State TN Zip Code 38474

## B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site Hyon Waste Management Services INC.  
Street 11700 So. Stony Island Av.  
City Chicago County IL State IL Zip Code 60617

## C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Lane, S. M., Mgr. ENV. Manuf  
Phone (804) 798-4291

## D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1975 To (Year) 1977

## E Waste Type: Choose the option you prefer to complete

**Option 1:** Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

### General Type of Waste:

Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

1. ☒ Organics
2. ☒ Inorganics
3. ☐ Solvents
4. ☐ Pesticides
5. ☐ Heavy metals
6. ☐ Acids
7. ☐ Bases
8. ☐ PCBs
9. ☐ Mixed Municipal Waste
10. ☐ Unknown
11. ☒ Other (Specify)

wastes with  
Flash point  
below 100°F

### Source of Waste:

Place an X in the appropriate boxes.

1. ☐ Mining
2. ☐ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☐ Chemical, General
9. ☐ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☐ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/Hospital
17. ☐ Unknown
18. ☐ Other (Specify)

**Option 2:** This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

### Specific Type of Waste:

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.


001023 JUN -981



# Notification of Hazardous Waste Site

Side Two

## F Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

## Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☐ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) \_\_\_\_\_

## Total Facility Waste Amount

cubic feet

18 H.

gallons

## Total Facility Area

square feet

acres

## G Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☐ None

**Note:** Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

## H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

## I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

## J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name

Street

City

State

Zip Code

Signature

Date

- ☐ Owner, Present
- ☐ Owner, Past
- ☐ Transporter
- ☐ Operator, Present
- ☐ Operator, Past
- ☐ Other

see attachment present



## Attachment to Form 890 "Notification of Hazardous Waste Site"

FINAL

1 1 1 1 1 (1-5)  
(DO NOT USE)

## FORM A: GENERAL FACILITY INFORMATION

Company Name: Mobil Oil Corporation  
 Division/~~Subsidiary~~: Mobil Chemical Company  
 Facility Name: Mobil Chemical Company, Mt. Pleasant, Crop Chemicals Plant

Address: Arrow Mines Road  
 No.                      Street                       
Mt. Pleasant, Tennessee 38474  
 City                      State                      Zip Code                     

Name of Person Completing Form: S. M. LanePosition: Manager - Environmental & Manufacturing ServicesPhone Number: (804) 798-4291

1. Year Facility Opened ..... 19 7 | 0 | (10-11)
2. Primary SIC Code : ..... 2 | 8 | 1 | 9 | (12-15)
3. Estimate the total amounts of process wastes (excluding wastes sold for use) generated by this facility during 1973:  
 USE ONLY TONS IF POSSIBLE - right justify response  
 thousand gallons ..... | | | | | | | | | | 0 | (16-24)  
 hundred tons ..... | | | | | | | | | | 1 | 7 | 9 | (25-32)  
 thousand cubic yards ..... | | | | | | | | | | 0 | (33-41)
4. Estimate (in whole percents) how these process wastes generated in 1973 were disposed of:  
 in landfill ..... | | | | | | | | | | 1 | 1 | 2 | (42-44)  
 in pit/pond/lagoon ..... | | | | | | | | | | 1 | 6 | 1 | 8 | (45-47)  
 in deep well ..... | | | | | | | | | | 0 | 3 | (48-50)  
 incinerated ..... | | | | | | | | | | 1 | 1 | 9 | (51-53)  
 reprocessed/recycled ..... | | | | | | | | | | 0 | 1 | (54-56)  
 evaporated ..... | | | | | | | | | | 0 | (57-59)  
 unknown ..... | | | | | | | | | | 0 | 1 | (60-62)  
 other (Specify municipal sewage system) ..... | | | | | | | | | | 1 | 1 | (63-65)
5. What is the total number of known sites (including disposal on the property where this facility is located as one site) that have been used for the disposal of process wastes from this facility since 1950? ..... | | | | | | | | | | 1 | 1 | 0 | (66-68)

## COMPLETE ONE FORM "B" FOR EACH OF THE SITES

6. Have any of the process wastes generated at this facility been hauled (removed) from this facility for disposal? (Yes=1; no=0) ..... | | (69)  
 IF YES, COMPLETE FORM "C"
7. Do you know the disposal site locations of all of the process wastes hauled from your facility since 1950? (Yes=1; no=0) ..... | | (70)  
 IF NO, COMPLETE ONE FORM "D" FOR EACH FIRM OR CONTRACTOR WHO TOOK WASTE TO AN UNKNOWN LOCATION
8. Specify the earliest year represented by information from company or facility records supplied on this and other forms ..... 19 7 | 10 | (71-72)
9. Specify the earliest year represented by information from employee knowledge supplied on this and other forms ..... 19 7 | 10 | (73-74)

JUL 14 1981